

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

5162

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: **ST. LOUIS**
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Jewish Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **29yrs**
 years, months or days)

3. (a) PRINT FULL NAME **Joseph H. Lipel**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **488-09-5913**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Blanche Recht Lipel**
 6. (c) Age of husband or wife if alive **(unk)** years
 7. Birth date of deceased **May 16th 1911**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 0 17 hr. min.

9. Birthplace **Poland**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Proprietor**

11. Industry or business **Auto accessories store**

12. Name **Isaac Lipel**

13. Birthplace **Poland**
 (City, town, or county) (State or foreign country)

14. Maiden name **Salome Shatowski**

15. Birthplace **Poland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Julius Lippel**
 (b) Address **1298 Hamilton**

17. (a) **burial** (b) Date thereof **6/4/43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beth Ham Hag**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **JUN 4 1943** (b) **J. D. Bredesch**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 95**
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5616 Enright**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd**
 year **1943** hour **6** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **June 18** 19 **43**, to **June 3** 19 **43**.
 that I last saw him alive on **June 3** 19 **43**.
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Lymphosarcoma (generalized)** **6 am**

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

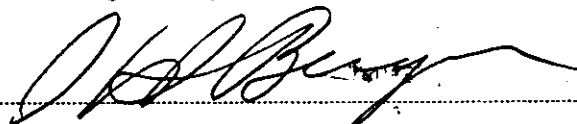
23. Signature **Albert J. Tansley** (M. D. or other) **MD**
 Address **4500 Olive St. St. Louis** Date signed **6/4/43**

AUG 7 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No.....1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.